It is primarily the responsibility of the State Government to prevent the disease and to provide the required facilities. Regular monitoring of disease is still continuing by the concerned State Governments. It was made mandatory to notify the disease. Efforts were made for early diagnosis and prompt treatment; Contact tracking of the patients and providing chemoprophylaxis. I EC activities were carried out with the participation of the Communities. A Control Room has been set up at National Institute of communicable Diseases to receive samples from hospitals to monitor and review the situation. Integrated Disease Surveillance Programme has been launched to strengthen surveillance activities and promote early detection of outbreak and institute appropriate action for prevention and control of epidemic communicable diseases including Meningococcomia.

Statement

Month-wise cases and deaths due to Meningococcomia reported in . Delhi hospitals during March—July, 2005

Month	Cases	Deaths
March	NA	NA
April	42	05
May	332	37
June	42	13
July	28	07
TOTAL:	444	62

Japanese Aid to Fulse-Polio Immunisation Campaign

582. SHRIMATI N.P. DURGA. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Japan has agreed to grant Rs. 23 crores to intensify pulse-polio immunisation campaign to eradicate polio from India;

(b) if so, the details thereof, and

(c) the details of polio cases reported in the country during the last five year, year wise and State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b)

UNICEF India has received an amount of Japanese Yen 561,000,000 (Equivalent to approximately Rs. 22 Crores) in June 2005 from the Government of Japan for supporting the Polio Eradication Programme in the North Eastern States, West Bengal and Assam. The grant is earmarked for purchase of oral polio vaccine and for monitoring and facilitation of the Immunization Programme.

(c) The details of polio cases reported in the country during the last five years, year-wise and State-wise are given in the Statement.

Statement

Polio Cases for 2000 to 2004

SI. No.	Name of the State/UT	Wild Poliovirus				
		00	01	02	03	04
1	Andhra Pradesh	0	0	0	21	1
2	A & N Islands	0	0	0	0	0
3	Arunachal Pradesh	0	0	0	0	0
4	Assam	0	1	0	1	0
5	Bihar	50	27	121	18	39
6	Chandigarh	1	0	1	0	0
7	Chhattlsgarh	-	0	1	0	0
8	D & N Haveli	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0
10	Delhi	3	3	24	3	2
11	Goa	0	0	0	0	0
12	Gujrat	2	1	24	3	0
13	Haryana	4	5	37	3	2
14	Himachal Pradesh	0	0	0	0	0
15	Jammu & Kashmir	0	0	1	0	0
16	Jharkhand	-	2	12	1	0
17	Karnataka	8	0	0	36	1
18	Kerala	1	0	0	0	0
19	Lakshadweep	0	0	0	0	0
20	Madhya Pradesh	2	0	21	11	0
21	Maharashtra	7	4	6	3	3
22	Manipur	0	0	0	0	0
23	Meghalaya	0	0	0	0	0
24	Mizoram	0	0	0	0	0
25	Nagaland	0	0	0	0	0
26	Orissa	0	0	4	2	0
27	Pondicherry	0	0	0	0	0
28	Punjab	0	5	2	1	0
29	Rajasthan	0	0	41	4	0

SI. No.	Name of the State/UT	Wild Poliovirus				
		00	01	02	03	04
30	Sikkim	0	0	0	0	0
31	Tamil Nadu	0	0	0	2	1
32	Tripura	0	0	0	0	0
33	Uttaranchal	-	3	14	0	1
34	Uttar Pradesh	179	216	1242	88	82
35	West Bengal	8	1	49	28	2
	TOTAL:	265	268	1600	225	134

Deaths of patients in Government Hospitals

†583. SHRI KRIPAL PARMAR: Will the Minister of HEALTH **AND** FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that whereas the specialists dealing with administration of private hospitals maintain that good hospitals all over the world claim to bring dealth rate to zero level, the same in Government Hospitals of Delhi is increasing year after year;

(b) if so, the reasons for the increase thereof;

(c) whether it has been investigated that the main reasons responsible for such deaths are negligence of doctors and staff as well as wrong treatment; and

(d) if so, the efforts being made to improve the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) So **far** as Safdarjung Hospital, Dr. RML Hospital and LHMC & its associated Hospitals are concerned, there is no increase in the death rate. A death review committee is in existence in the above mentioned hospitals which meets regularly to review the death cases.

Asthma and TB Patients in Korba District of Chhattisgarh

†584. SHRI RAMADHAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the number of patients suffering from Asthma and Tuberculosis and other respiratory diseases in district **Korba** in Chhattisgarh are on the rise during the last five years;

†Original notice of the question was received in Hindi.